## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000077657 (2)

G. MICHAEL HOLLAND, INC.

FILED Apr 22 1998 8:00am Secretary of State



						<b>                                    </b>
Principal Place of Business Mailing Address  2005 CAM 200 AVENUE 2005 CAM 200 AVENUE						
2005 S.W. 3RD AVENUE 2005 S.W. 3RD AVENUE OKEECHOBEE FL 34972 OKEECHOBEE FL 34972						
ONDESTROOP TE STOLE			ONLEW FOR THE WASTE		DO NOT WRITE IN THIS SPACE	
					<ol> <li>Date Incorporated or Qualified</li> <li>10/20/1994</li> </ol>	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0525883	Not Applica
<u>├──</u> ┐		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	<b>Zi</b> p	Countr	· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution      This corporation owes or has paid the current of the current o	Added to Fees
24	25	29	30	,		Yes No
24	9. Name and Address of Curre		130		10. Name and Address of New Registered A	
CO	OK, JOHN R		B	Name		
202 N.W. 5TH AVENUE			8:	Ctroot Add	dress (P.O. Box Number is Not Acceptable)	
	EECHOBEE FL 34972		P.	Street Aut	diess (F.O. Box Number is Not Acceptable)	
			8:	9		
Í			84	1 City		85 Zip Code
			64	City	FL	85 Zip Code
SIGNATURE	Superince typed or profed name of registered ag OFFICERS AN	ent and the diagonable (NOI NO DIRECTORS	II Registered A	gant signatura tequ	DATE ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PTD	DELETE	1.1 TITLE			Change Addi
NAME	HOLLAND, G. MICHAEL		1.2 NAME	:		
STREET ADDRESS	2005 S.E. 3RD AVENUE		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		1.4 CITY	ST - ZIP		
THTLE	VSD	DELETE	2.1 TITLE			Change Addi
NAME	HOLLAND, VICKI N		2.2 NAME			
STREET ADDRESS	2005 S.E. 3RD AVENUE		2.3 STREE	ET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL 34972		2. 4 CITY	-ST-ZIP		
TITLE		DELETE	3.1 TITLF			Change L. Addi
NAME			3.2 NAME			
STREET ADDRESS			3.3 S1RE	T ADDRESS		
CITY-S1-ZIF			3 4. CITY			Ghanna Tana
TITLE		L_] OELETE	4.1 TITLE			Change Addi
NAME			4. 2 NAM	į.		
STREET ADDRESS				IT ADDRESS		
CITY-ST-7IP		DELETE	4.4 CITY			Change Addi
TITLE		€ DETENT	5.1 TITLE			C Oriends C VOOL
NAME	1		5.2 NAMI	1		
STREET ADDRESS				ET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY 6 1 TITLE			Change Addi
TITLE			6.2 NAM			
NAME CYDELL ADVIDEDE				ET ADDRESS		
STREE 1 ADDRESS	i		0.3 5181	I MUUNCOO		
CITY - ST - ZIP			6.4 CITY	. Q1. 19.		

1. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied vintual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attachment with an address.

CICMATUDE.

941-763-7557